Ì	MULTIPLE DEPENDENT CLAIM								10.		1	FILING D	ATE	
FEE CALCULATION SHEET								10	155	33	104			
		(FOR US	SE WITE	I FORM	PTO-875)		APPLICA	FT(S)					
	CLAIMS													
	ASE	II.FD	AFTER		AFTER						AFTER		AFTER	
	AS FILED		1" AMENDMENT		2 MAMENDMENT				AS FILED		1"AMENDMENT		AFIEK 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
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PTO - 1360	(REV. 11/04)			ALL THE THE PARTY OF THE PARTY					U	S. DEPARTA	MENT of CO			